

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540 176

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2	/	/				
3	/	/				
4	/	/				
5	/	/				
6	/	/				
7	/	/				
8	/	/				
9	/	/				
10	/	/				
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26	/	/	/	/		
27	/	/	/	/		
28	/	/	/	/		
29	/	/	/	/		
30	/	/	/	/		
31	/	/	/	/		
32	/	/	/	/		
33	/	/	/	/		
34	/	/	/	/		
35	/	/	/	/		
36	/	/	/	/		
37	/	/	/	/		
38	/	/	/	/		
39	/	/	/	/		
40	/	/	/	/		
41	/	/	/	/		
42	/	/	/	/		
43	/	/	/	/		
44	/	/	/	/		
45	/	/	/	/		
46	/	/	/	/		
47	/	/	/	/		
48	/	/	/	/		
49	/	/	/	/		
50	/	/	/	/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/	/				
52	/	/				
53	/	/				
54	/	/				
55	/	/				
56	/	/				
57	/	/				
58	/	/				
59	/	/				
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91	/	/				
92	/	/				
93	/	/				
94	/	/				
95	/	/				
96	/	/				
97	/	/				
98	/	/				
99	/	/				
100	/	/				
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	22	←		←		←
TOTAL CLAIMS	31					